

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant	nce with	n Title 20,	Chapter 10, Part 1, MCA	. School di	strict official	must complete o	ne form for ea	ach bus route that	
receives state reimbursement ev								Rate Per Mile	
Due Dates All Routes				ounty Sup	t	To OPI October 15			
All Roules			Octo	ibei i		October 15		\$1.80	
County Name			County Number	District	Name			Legal Entity Number	
Ravalli			41	Corva	llis K-12 S	Schools		0731	
Route #	Length	n of Route	(miles per day)	Type of		□ Bus Route Mile□ Non Bus Milea	-	Rated Capacity	
10	36			Bus R	oute Mile		g e	84	
Vehicle I.D. #	L	icense #		□ District			istrict Own	ed	
5369	4	193			ct - if so, Na cted rate pe	ame of Owner er mile			
Reimbursement Distribution- En	iter the I	legal entity				rsement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity		Legal Enti		atch budget Legal E			Legal Entit	у	
0731									
% 100.00		%		%			%		
PASSENGER INFORMATION									
Number of Preschool/Kindergart	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	RS	HIG	GH SCHOOL RIE (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
riding this route			(,			(,			
			a			b NUMBER		С	
	egular (include eligible Preschool/Kindergarten		NUMBER	NUMBER				a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., i	under 3								
miles OR nonresident and no attendagreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten rid	ers)							
TOTAL RIDERS									
TOTAL RIBERO									
We hereby certify that this bus will County Transportation Committee.									
We agree to supervision of this be required; to provide a vehicle which	us and b	us route by	the State Superintendent; to	make such r	eports to the	State Superintender	nt and County S	Superintendent as are	
Superintendent; and to provide a lice We also agree to refrain from soli	ensed, qu	ualified and	approved driver to operate s	uch vehicle a	s required by		3 1, 111		
We understand that violations of this bus route.						ent cause for withho	lding of state a	nd county reimbursement for	
We agree that if this route crosse the school boards of both districts sh						e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by	
We understand route changes oc accordance with 20-10-132, MCA.						and approval of the (County Transpo	ortation Committee in	
I certify that this application for r									
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date									
County T This Application for Registration			ommittee Approval as i						
area assigned to it by the Count	y Trans	portation		DCCII IC	, nowou and	Sorting that tills			
Signature - Chair, County Transporta	ation Cor	nmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda					complete one for	m for each bus route that	
receives state reimbursement e	· ·		, ,			Rate Per Mile	
Due Date All Routes			County Suprober 1		PI ber 15	\$1.80	
County Name		County Number	District	Name		Legal Entity Number	
Ravalli		41		Ilis K-12 Scho		0731	
Route #	Length of Ro	ute (miles per day)	Type of	Service Bus	Route Mileage Bus Mileage	Rated Capacity	
6	41		Bus R	toute Mileage	84		
Vehicle I.D. #	License	#	☐ District Owned☐ District Owned☐ Contract - If so, Name of Owner☐				
1426	555			cted rate per mile			
Reimbursement Distribution- Er	nter the legal er		e of state/co		ent to be paid to e	each district. Note: Percentage	
Legal Entity 0731	Legal E		Legal E		Leg	gal Entity	
% 100.00	%		%			%	
PASSENGER INFORMATION	70		70			70	
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)	ERS		CHOOL RIDERS ades 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER			b IUMBER	c a + b	
Regular (include eligible Preschool/Kindergarten		NOMBER	NOWIDER		IOWIDEN	аты	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)						
TOTAL RIDERS							
this bus route. We agree that if this route crosse the school boards of both districts show understand route changes or accordance with 20-10-132, MCA.	We further certify us and bus route meets the minimm ensed, qualified a iciting or causing the laws, rules or as district lines an all be attached to accurring during the	that this bus transports pupils by the State Superintendent; turn standards as established bund approved driver to operate others to solicit students from regulations governing school of transports students from outs to the county superintendent's content of the school year require the filing	eligible for schoon make such ry the Board of such vehicle a other transportransportation side the districtopy of this door an amende	nool transportation as eports to the State S Public Education, th is required by 20-10- tation areas. will be sufficient cause t, a copy of the agree cument. d TR-1 form and app	s defined by 20-10- uperintendent and one Montana Highway 103, MCA. se for withholding one ment between Boar roval of the County	101, MCA. County Superintendent as are y Patrol and the State of state and county reimbursement for ards, 20-10-126(2) MCA, signed by of Transportation Committee in	
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		•			Date		
This Application for Registration	of School Bus					132, MCA. perates within the transportation	
area assigned to it by the Count Signature - Chair, County Transport		л сопшиее.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e						ompioto of		2 / 2 14"		
Due Dates	s:		To Co	ounty Supt	То ОР	ı	1	Rate Per Mile		
All Routes	i		Octob	per 1	Octob	er 15	\$	\$1.57		
County Name			County Number	District Nan	ne			Legal Entity Number		
Ravalli			41	Corvallis	K-12 School	ls		0731		
Route #	Lengt	h of Route	(miles per day)	Type of Ser	vice 🗆 Bus F		•	Rated Capacity		
5	44			Bus Rout	□ Non t e Mileage	Bus Mileag	ge	71		
Vehicle I.D. #	L	License #		□ District Ow			ontractor C			
0532	l	L405		□ Contract - If so, Name of Owner Bret Tintzman□ Contracted rate per mile						
Reimbursement Distribution- En	nter the	legal entit		of state/county	reimbursemen	t to be pai	d to each dis	trict. Note: Percentages		
Legal Entity		Legal Enti		Legal Entity	1		Legal Entity	/		
0731										
% 100.00 %				%			%			
PASSENGER INFORMATION										
Number of Preschool/Kindergar riding this route	umber of Preschool/Kindergarten pupils ding this route			RS	HIGH SCF (Grad	HOOL RID des 9-12)	ERS	TOTAL ELIGIBLE RIDERS		
			a NUMBER		NI	b JMBER		c a + b		
Regular (include eligible Preschool/kriders)	Regular (include eligible Preschool/Kindergarten					, WIDER		u s		
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	ders)								
Nonpublic School Riders (ineligible)	janten nu	1013)								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbut this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, see the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee accordance with 20-10-132, MCA.							A. upperintendent as are not the State and county reimbursement for 0-126(2) MCA, signed by relation Committee in			
I certify that this application for r bus operates on the route as ap	proved					inty Transi	oortation Con			
Signature - Chair, Board of Trustees	;						Date			
This Application for Registration area assigned to it by the Count	of Schoty Trans	ool Bus ar sportation								
Signature - Chair, County Transporta	ation Cor	mmittee					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Corvallis K-12 Schools 0731 Ravalli Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Rated Capacity Route # □ Non Bus Mileage 30 13 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 7706 3653 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0731 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
		igii tianspo	· ·	, ,				Rate Per Mile
Due Dates All Routes				ounty Supt ber 1	i	To OPI October 15		\$1.80
County Name			County Number	District	Name			Legal Entity Number
Ravalli			41	Corva	llis K-12	Schools		0731
Route #	Length	of Route	(miles per day)		Service	□ Bus Route Mil		Rated Capacity
8	29			Rue P	oute Mil	☐ Non Bus Milea	age	84
Vehicle I.D. #	<u> </u>	icense #			Owned		Contractor (
7039	M	<i>I</i> 191		□ Contract - If so, Name of Owner Brian W□ Contracted rate per mile				
Reimbursement Distribution- Er	nter the le	egal entity				oursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	L	egal Entity		atch budget Legal E			Legal Entit	ty
0731								
9/- 100.00								
% 100.00 PASSENGER INFORMATION	_	%		%			%	
		$\overline{}$	ELEMENTARY RIDE	RS	H	IIGH SCHOOL RI		TOTAL
Number of Preschool/Kindergar riding this route	ten pupil	Is	(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kindergart	ten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderc		are)						
Nonpublic School Riders (ineligible)		513)						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We furthe	er certify that us route by t	this bus transports pupils e he State Superintendent; to	ligible for sch make such r	ool transpo	rtation as defined by e State Superintende	20-10-101, MC ent and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or c	causing othe	ers to solicit students from of	ther transport	tation areas		olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosse the school boards of both districts sh						the agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.	ccurring du	uring the sch	nool year require the filing o	f an amended	d TR-1 form	and approval of the	County Transpo	ortation Committee in
I certify that this application for rule bus operates on the route as ap								
Signature - Chair, Board of Trustees	3						Date	
County 1	Transpo	rtation Co	mmittee Approval as r	equired in	accordan	ce with Section 2	20-10-132, MC	A.
This Application for Registration area assigned to it by the Count	n of Scho ty Transp	ool Bus and portation C	I State Reimbursement I					
Signature - Chair, County Transports	ation Com	nmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					nplete one form for e	each bus route that		
	-					Rate Per Mile		
Due Date All Routes		Octo	ounty Supt per 1	t To OPI October	15	\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Ravalli		41	Corva	ıllis K-12 Schools	i	0731		
Route #	Length of Rou	te (miles per day)	Type of		oute Mileage	Rated Capacity		
2	26		Bus R	⊔ Non Bu Route Mileage	us Mileage	71		
Vehicle I.D. #	License :	#	□ District	Owned	Contractor			
8051	M93		 □ Contract - If so, Name of Owner Brian Weber □ Contracted rate per mile 					
Reimbursement Distribution- En	nter the legal en		of state/co		to be paid to each di	strict. Note: Percentages		
Legal Entity	Legal Er		Legal E		Legal Ent	ity		
0731								
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS		
riding this route	,		,	,				
		a			b	c .		
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUN	MBER	a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operate entirely	on the route established by the	Poard of Tru	setops and within the trai	neportation area assign	and and approved by the		
County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice	We further certify to bus and bus route I meets the minimu ensed, qualified ar	that this bus transports pupils e by the State Superintendent; to m standards as established by and approved driver to operate si	ligible for sch make such r the Board of uch vehicle a	nool transportation as de reports to the State Supe Public Education, the M is required by 20-10-103	fined by 20-10-101, Morintendent and County ontana Highway Patrol	CA. Superintendent as are		
We also agree to refrain from sol We understand that violations of this bus route.					or withholding of state a	and county reimbursement for		
We agree that if this route crosse the school boards of both districts s We understand route changes or accordance with 20-10-132, MCA.	hall be attached to	the county superintendent's co	py of this do	cument.				
I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		within the transportation ser	vice area a	issigned by the Count	Date	mmillee.		
County This Application for Registration area assigned to it by the Coun	of School Bus							
Signature - Chair, County Transport					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	e 20, Chapter 10, Part 1	I, MCA. S legal entit	School dis	strict official r	nust complete c	ne form for e	ach bus route that
Due Dates				nty Supt		To OPI		Rate Per Mile
All Routes			October		•	October 15		\$1.57
County Name		County Number	r	District	Name			Legal Entity Number
Ravalli		41		Corva	llis K-12 S	chools		0731
Route #	Length of F	Route (miles per day)			Service	Bus Route Mil		Rated Capacity
7	26			Bus R	oute Milea	Non Bus Milea	ige	72
Vehicle I.D. #	Licen	se#		District	Owned	C	ontractor (
4416	M90		□ Contract - If so, Name of Owner Brian Weber□ Contracted rate per mile					
Reimbursement Distribution- Er	nter the legal		centage of nust matcl			sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	l Entity	nust matci	Legal Er			Legal Entit	ty
0731								
% 100.00			%			%		
PASSENGER INFORMATION	%							
Number of Preschool/Kindergar	ten pupils	ELEMENTAR` (Grades F		6	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		,	,			,		
		а				b		C .
Regular (include eligible Preschool/k	Kindergarten	NUMBI	ER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderc								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus wi	ill onerate enti	ely on the route establishe	nd by the Bo	ard of Tru	stees and with	in the transportati	on area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further cer us and bus roo meets the min	tify that this bus transports ute by the State Superinten imum standards as establis	pupils eligit ndent; to ma shed by the	ble for sch ake such re Board of	ool transportat eports to the S Public Educati	tion as defined by tate Superintende on, the Montana I	20-10-101, MC nt and County	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causi	ng others to solicit students	s from othei	r transport	ation areas.		olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosse				•			J	•
the school boards of both districts shade we understand route changes of accordance with 20-10-132, MCA.	nall be attache	d to the county superintend	dent's copy	of this doo	cument.	_		
I certify that this application for rules operates on the route as ap								
Signature - Chair, Board of Trustees		are a anoporta		. J ai ou u	- 2.g. 10 a by ti	Journey Hulls	Date	
							0.40.400.55	
This Application for Registration area assigned to it by the Count	of School B							
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						complete or			
Due Dates All Routes				County Sup ober 1		PI ober 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name			Legal Entity Number	
Ravalli			41	Corva	allis K-12 Scho	ols		0731	
Route #	Length	of Route ((miles per day)	Type o	f Service ☐ Bus	Route Mile Bus Mileag	_	Rated Capacity	
1	30.8			Bus Route Mileage				72	
Vehicle I.D. #	Lic	cense #		□ Distric		ontractor C			
4411					act - If so, Name of acted rate per mile		ian webe	<u> </u>	
Reimbursement Distribution- Enter the legal entity nur				e of state/co		ent to be pai	d to each dis	trict. Note: Percentages	
Legal Entity 0731				Legal E			Legal Entit	у	
% 100.00		%		%			%		
PASSENGER INFORMATION	_								
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RID (Grades PK-8)	ERS		CHOOL RID ades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
			a		р			C .	
Regular (include eligible Preschool/Kindergarten			NUMBER	NUMBER				a + b	
riders) 1st Wheelchair (WC)	riders)								
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., with miles OR nonresident and no attendations)									
agreement) (Include ineligible Preschool/Kinderg	arten rider	rs)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursem this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signer the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in		
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees							Date		
County T This Application for Registration area assigned to it by the Count	of Schoo	ol Bus and							
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.							one form for e	ach bus route that
		ansportees of anoth						Rate Per Mile
Due Dates All Routes	s:		To Cou Octobe	inty Supt er 1		To OPI October 15		\$1.80
County Name		County Numb	ber	District	Name			Legal Entity Number
Ravalli		41		Corva	llis K-12 S	Schools		0731
Route #	Length of F	Route (miles per day))	Type of		Bus Route Mil Non Bus Milea		Rated Capacity
9	30.5			Bus R	oute Milea		age	84
Vehicle I.D. #	Licens	se #		District			District Own	ed
3274	598				ct - if so, Nai cted rate per	me of Owner mile		
Reimbursement Distribution- En	ter the legal	entity number and pe	ercentage o must mato			sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	must mate	Legal E			Legal Entit	у
0731								
% 100.00	%			%			%	
PASSENGER INFORMATION		ELEMENTA	ADV DIDED	9	1110	SH SCHOOL RI	DEDS	TOTAL
Number of Preschool/Kindergard riding this route	ten pupils		es PK-8)	5	піс	(Grades 9-12		ELIGIBLE RIDERS
			a MBER			b NUMBER		c a + b
Regular (include eligible Preschool/k riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which is Superintendent; and to provide a lice. We also agree to refrain from soli. We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts ship we understand route changes oc accordance with 20-10-132, MCA.	We further cert us and bus rou meets the mini ensed, qualified citing or causir the laws, rules a district lines all be attached curring during	ify that this bus transpo te by the State Superin mum standards as esta d and approved driver to 19 others to solicit stude or regulations governin and transports students d to the county superinte the school year require	orts pupils elig intendent; to me ablished by the o operate sucle ents from other or school trans is from outside endent's copy the filing of a	ible for sch ake such re e Board of h vehicle a er transport sportation the district of this doo n amended	cool transporta eports to the S Public Educates is required by 2 tation areas. will be sufficients, a copy of the cument. d TR-1 form ar	tion as defined by state Superintende ion, the Montana I 20-10-103, MCA. Int cause for withhouse agreement between dapproval of the	20-10-101, MC ent and County 9 Highway Patrol olding of state a een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap	0					•	,	,
Signature - Chair, Board of Trustees		•			•	•	Date	
County T This Application for Registration		on Committee Appr us and State Reimbu						
area assigned to it by the Count Signature - Chair, County Transporta						-	Date	·
organization origin, country transports	ation Committee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Dates All Routes				County Sup tober 1	To OPI October 15		Rate Per Mile \$1.80		
County Name			County Number	District	Name		Legal Entity Number		
Ravalli			41	Corva	allis K-12 Schools		0731		
Route #	Lengt	th of Route	(miles per day)	Туре с	f Service Bus Route Mi	-	Rated Capacity		
3	31			Bus F	□ Non Bus Mile Route Mileage	age 84			
Vehicle I.D. #		License #		□ Distric	t Owned [District Own	ed		
6963	,	579		□ Contract - If so, Name of Owner□ Contracted rate per mile					
Reimbursement Distribution- Er	nter the	legal entity		ge of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity		Legal Entit		Legal E		Legal Entit	у		
0731									
% 100.00		%		%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	oils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
			a		b NUMBER		C C		
Regular (include eligible Preschool/k	 Kinderga	arten	NUMBER	NUMBER			a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	:							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		uers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
orginature origin, board or riustees	•					Date			
This Application for Registration area assigned to it by the Count	of Sch ty Trans	nool Bus an sportation (d State Reimbursemen		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Co	mmittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of the Due Date All Routes	even thou s:		ortees of another legal e		ilize the services. To OF			te Per Mile	
County Name			County Number	District	Name		Le	egal Entity Number	
Ravalli			41	Corva	llis K-12 Schoo	ols		0731	
Route #	Length	n of Route	(miles per day)		Service □ Bus	Route Mileage		ated Capacity	
11	34			Bus R	□ Non oute Mileage	Bus Mileage	age 84		
Vehicle I.D. #	<u> </u>	icense #		□ District		Distric	t Owned	<u> </u>	
6491 535					ct - If so, Name of cted rate per mile _	Owner		_	
Reimbursement Distribution- En	nter the I	legal entity				nt to be paid to e	each distric	ct. Note: Percentages	
Legal Entity 0731	Legal Entit		atch budget Legal E		Leg	gal Entity			
% 100.00		%		%			%		
PASSENGER INFORMATION		ELEMENTARY RIDE	RS	HIGH SC	HOOL RIDERS		TOTAL		
Number of Preschool/Kindergariding this route	rten pupi	ils	(Grades PK-8)			ides 9-12)		ELIGIBLE RIDERS	
			a NUMBER	b NUMBER			c a + b		
Regular (include eligible Preschool/ riders)	Regular (include eligible Preschool/Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)									
agreement) (Include ineligible Preschool/Kinder	garten rid	ers)					_		
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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Signature - Chair, Board of Trustees Date									
	T					0.0415 00.40.4	100 1101		
This Application for Registration area assigned to it by the Coun	n of Scho	ool Bus an							
Signature - Chair, County Transport	tation Cor	mmittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda						ne form for e	ach bus route that
receives state reimbursement e	· ·						Rate Per Mile
Due Date All Routes			county Supt ober 1	·	To OPI October 15		\$0.95
County Name		County Number	District	Name			Legal Entity Number
Ravalli		41		llis K-12 S			0731
Route #	Length of Rout	e (miles per day)	Type of		Bus Route Mile Non Bus Milea		Rated Capacity
12	55		1	oute Milea	age	-	18
Vehicle I.D. #	License #		☐ District	Owned ct - If so. Nar		istrict Own	ed
0672	632		□ Contra	cted rate per	mile		
Reimbursement Distribution- Er	nter the legal enti		e of state/co		sement to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0731	tity	Legal E			Legal Entit	ty	
% 100.00	%		%			%	
PASSENGER INFORMATION	PASSENGER INFORMATION					/0	
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIG	GH SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
		a NUMBER			b NUMBER		с a + b
legular (include eligible Preschool/Kindergarten ders)		NOWBER	NUMBER		NOWIDER		аты
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick. We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts slick We understand route changes of accordance with 20-10-132, MCA.	We further certify thus and bus route be meets the minimun ensed, qualified andiciting or causing of the laws, rules or rest district lines and hall be attached to taccurring during the second to th	nat this bus transports pupils of the State Superintendent; to standards as established by disproved driver to operate states to solicit students from degulations governing school to transports students from outs the county superintendent's coschool year require the filing of	eligible for school make such rathe Board of such vehicle a other transportation ide the districtopy of this door of an amended	nool transportal eports to the S Public Educati s required by 2 lation areas. will be sufficier t, a copy of the cument.	tion as defined by tate Superintende on, the Montana H20-10-103, MCA. In cause for withhouse agreement between ad approval of the other tables.	20-10-101, MC nt and County s lighway Patrol lding of state a en Boards, 20- County Transpo	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		,		<u> </u>	,	Date	
This Application for Registration	of School Bus a						
area assigned to it by the Count Signature - Chair, County Transport		Committee.			T	Date	
•							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.		,				omplete one			
Due Dates All Routes				County Sup ober 1	t To OP Octob			Rate Per Mile \$1.80	
County Name			County Number	Distric	Name			Legal Entity Number	
Ravalli			41		allis K-12 Schoo			0731	
Route #	Length	of Route (miles per day)	Type o	f Service □ Bus F □ Non	Route Milea Bus Mileage	_	Rated Capacity	
4	46	. ,,		Bus Route Mileage				84	
Vehicle I.D. # 6317		icense # (878			ntractor C an Suther				
Reimbursement Distribution- En	iter the le	egal entity		je of state/co		t to be paid	to each dis	trict. Note: Percentages	
Legal Entity 0731	egal Entity		Legal E			Legal Entity	/		
% 100.00		%		%			%		
PASSENGER INFORMATION								_	
Number of Preschool/Kindergar riding this route	s	ELEMENTARY RID (Grades PK-8)			HOOL RIDE des 9-12)	RS	TOTAL ELIGIBLE RIDERS		
			a			b JMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NUMBER		INC	DIVIDEN		a + b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	are)							
Nonpublic School Riders (ineligible)	garteri ride	13)							
TOTAL RIDERS									
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I certify that this application for r bus operates on the route as ap	proved b					inty Transpo	ortation Con		
Signature - Chair, Board of Trustees	•					D	ate		
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and							
Signature - Chair, County Transporta	ation Com	mittee				D	ate		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar	aco with Titlo	20 Chapter 10 Part	1 MCA	School die	strict official mus	et complete c	no form for o	ach hue route that
receives state reimbursement ev								
Due Dates			To Co	unty Supt	Т.	OPI		Rate Per Mile
All Routes).		Octob			ctober 15		\$1.80
County Name		County Numbe	r	District	Name			Legal Entity Number
Ravalli 41				Steve	nsville Public	c Schls		0732 0733
Route #	Length of R	oute (miles per day)		Type of		us Route Mil	5 -	Rated Capacity
1	54.4			Rue R	□ N oute Mileage	lon Bus Milea	ige	88
Vehicle I.D. #	Licens	e #		☐ District			ontractor C	
0750	11444					_		nool Bus Service
9756	U414			□ Contra	cted rate per mi	ile		
Reimbursement Distribution- En	ter the legal e					ment to be pa	id to each dis	strict. Note: Percentages
Legal Entity	Legal		must mai	tch budget Legal E			Legal Entit	v
0732	9-	0733		9	,		5	,
% 55.00	%	45.00		%			%	
PASSENGER INFORMATION		EL EMENTA D	V DIDEE	20	111011	0011001 DI	2500	TOTAL
Number of Preschool/Kindergart	en pupils	ELEMENTAR (Grades		RS	_	SCHOOL RII Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		(11111	-,		,	,		
	-	a				b		С
		NUMB	ER			NUMBER		a + b
Regular (include eligible Preschool/K riders)	lindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u								
miles OR nonresident and no attenda agreement)	ance							
(Include ineligible Preschool/Kindergather) Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
We hereby certify that this bus wil								
County Transportation Committee. V We agree to supervision of this bu								
required; to provide a vehicle which r	neets the minir	num standards as establi	ished by the	he Board of	Public Education,	the Montana I		
Superintendent; and to provide a lice We also agree to refrain from solid	citing or causin	g others to solicit student	s from oth	ner transport	ation areas.			
We understand that violations of t this bus route.	he laws, rules	or regulations governing s	school tra	nsportation	will be sufficient c	ause for withho	olding of state a	nd county reimbursement for
We agree that if this route crosses						reement betwe	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes occ						approval of the	County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for re	egistration of	school bus and state	reimburs	sement is t	rue and comple	te to the best	of my knowle	edge and belief, and the
bus operates on the route as ap							sportation Cor	
Signature - Chair, Board of Trustees							Date	
County T	ransportatio	on Committee Approv	val as re	guired in	accordance wi	ith Section 2	0-10-132 MC	A .
This Application for Registration area assigned to it by the County	of School Bu	s and State Reimburs						
Signature - Chair, County Transporta							Date	
•								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name Legal Entity Number County Number District Name Stevensville Public Schls 0732 0733 Ravalli Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 88 50 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Harlows School Bus Service 9758 U135 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0732 0733 55.00 % 45.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.	 ·	·
Signature - Chair, County Transportation Committee	Date	

Signature - Chair, Board of Trustees



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even						one form for e	each bus route that
Due Dates: All Routes			To County Supt To Coctober 1 October 1				\$1.80
County Name		County Number	County Number District Name				Legal Entity Number
Ravalli		41		Steve	nsville Public Schls		0732 0733
	Length of Ro	ute (miles per day)			Service Bus Route N	•	Rated Capacity
8	49.6	□ Non Bus Bus Route Mileage			□ Non Bus Mil	eage	84
Vehicle I.D. #	License	#		District		District Ow	
0278	265				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Ente	er the legal er			f state/co h budget		paid to each di	strict. Note: Percentages
Legal Entity	Legal E	ntity	mate	Legal E		Legal Ent	ity
0732		0733					
% 55.00	%	45.00		%		%	
PASSENGER INFORMATION	7.0	10.00	_	70		,,	_
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTARY RII (Grades PK-8		6	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/Kir riders)	ndergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement)	nce						
(Include ineligible Preschool/Kindergal Nonpublic School Riders (ineligible)	rten riders)						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which my Superintendent; and to provide a licen We also agree to refrain from solici We understand that violations of the this bus route. We agree that if this route crosses the school boards of both districts shall We understand route changes occur accordance with 20-10-132, MCA.	e further certify and bus route eets the minim sed, qualified atting or causing e laws, rules or district lines an II be attached t	that this bus transports pupil by the State Superintendent um standards as established and approved driver to operat others to solicit students from regulations governing school d transports students from our or the county superintendent's	Is eligi t; to ma by the te such m othe of trans utside s copy	ble for sch ake such re e Board of n vehicle a er transport sportation v	ool transportation as defined leports to the State Superinten Public Education, the Montans required by 20-10-103, MCA ation areas. will be sufficient cause for with a copy of the agreement betweent.	by 20-10-101, Md dent and County a Highway Patrol by holding of state a ween Boards, 20	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	-	·				Date	
County Tra This Application for Registration of area assigned to it by the County	of School Bus	and State Reimburseme			accordance with Section viewed and I certify that the		
Signature - Chair, County Transportati						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex						one form for ea	ach bus route that	
Due Dates All Routes	s:	·	•	unty Supt			Rate Per Mile \$1.57	
County Name		County Number	er	District	Name		Legal Entity Number	
Ravalli 41					nsville Public Schls		0732 0733	
Route #	Length of R	oute (miles per day)		Type of	Service Bus Route M Non Bus Mile	_	Rated Capacity	
3 Vehicle I.D. #	53.2	- 4			oute Mileage	J	71	
0710	Licens		[Owned ct - If so, Name of Owner cted rate per mile	Contractor (Harlows Scl		
Reimbursement Distribution- En	iter the legal e		rcentage o			paid to each dis	trict. Note: Percentages	
Legal Entity 0732	Legal		must mat	Legal E		Legal Entit	у	
% 55.00	%	45.00		%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTAF (Grades		.S	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
a NUMBE					b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)					NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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					accordance with Section			
This Application for Registration area assigned to it by the Count	y Transportat	ion Committee.	sement ha	as been re	viewed and I certify that thi	·	within the transportation	
Signature - Chair, County Transporta	ation Committee	Э				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20	, Chapter 10, Part 1, MCA	A. School di	strict official	must complete o	ne form for ea	ach bus route that	
receives state reimbursement e	ven though trans	portees of another legal e	entity may ut	ilize the serv	vices.		Rate Per Mile	
Due Dates All Routes			County Suprober 1	t	To OPI October 15		\$1.36	
All Notics		Odic	DDCI I		October 10		ψ1.00	
County Name		County Number	District	Name		Legal Entity Number		
Ravalli 41				nsville Pul			0732 0733	
Route #	Length of Rout	e (miles per day)	Type of		☐ Bus Route Milea☐ Non Bus Milea	5 -	Rated Capacity	
W C 36	27.2		Bus R	Bus Route Mileage 60				
Vehicle I.D. #	License #		□ District		D me of Owner	istrict Own	ed	
5112	495			cted rate per				
Reimbursement Distribution- Er	nter the legal enti		e of state/co		rsement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity	Legal Ent		Legal E			Legal Entit	у	
0733								
% 100.00	%		%			%		
PASSENGER INFORMATION				1				
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	=RS	HIG	GH SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route								
	a NUMBER			b NUMBER		c a+b		
Regular (include eligible Preschool/	NOWBER	NOMBER				a i b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	garton nacio)							
TOTAL RIDERS								
We hereby certify that this bus wi	ill operate entirely o	in the route established by the	e Board of Tri	stees and wit	hin the transportati	on area assigne	ed and approved by the	
County Transportation Committee. We agree to supervision of this b	We further certify thus and bus route by	nat this bus transports pupils of the State Superintendent; to	eligible for sch o make such r	nool transporta eports to the S	ition as defined by State Superintende	20-10-101, MC nt and County S	A. Superintendent as are	
required; to provide a vehicle which Superintendent; and to provide a lice	ensed, qualified and	d approved driver to operate s	such vehicle a	s required by		lighway Patrol a	and the State	
We also agree to refrain from sol We understand that violations of					nt cause for withho	lding of state a	nd county reimbursement for	
this bus route. We agree that if this route crosse					e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by	
the school boards of both districts sh We understand route changes of					nd approval of the	County Transpo	ortation Committee in	
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as ap Signature - Chair, Board of Trustees		rithin the transportation se	ervice area a	ssigned by t	he County Trans	portation Cor	nmittee.	
J 2 2 , 1 2 2 2 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3								
County This Application for Registration		Committee Approval as nd State Reimbursement						
area assigned to it by the Count	ty Transportation				. 301417 11101 11110			
Signature - Chair, County Transport	auon Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MC ortees of another legal				one form for e	
	Due Dates	:		То	County Su	pt	To OPI		Rate Per Mile
	All Routes			Oc	tober 1		October 15		\$1.57
County Name				County Number	Distri	ct Name		Legal Entity Number	
Ravalli	Ravalli 41			41	Stev	ensville P	ublic Schls		0732 0733
Route #		Length of	Route	(miles per day)	Туре	of Service	☐ Bus Route Mil		Rated Capacity
9		29.6			Bus	Route Mile	□ Non Bus Milea eage	age	72
Vehicle I.D. #		Lice	nse#		□ Distr	ict Owned		District Own	ied
7270		280				ract - If so, N racted rate p	Name of Owner per mile		
Reimbursement D	istribution- Ent	ter the lega	l entity		ge of state/ match budg		oursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Lega	al Entit	у		Entity		Legal Entit	ty
0732			0	733					
% 55.00		9	6 45	.00	%			%	
PASSENGER INF	ORMATION								_
Number of Presch riding this route	ool/Kindergart	en pupils		ELEMENTARY RID (Grades PK-8)		Н	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
a					b NUMBER			С	
Regular (include eligible Preschool/Kindergarten							NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC									
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Tr	ans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
agreement) (Include ineligible Pre									
Nonpublic School Ric	ders (ineligible)	· · · · · · · · · · · · · · · · · · ·							
TOTAL RIDERS									
We hereby certify				the route established by t					
We agree to supe	rvision of this bu	is and bus ro	oute by	the State Superintendent; standards as established t	to make sucl	n reports to the	e State Superintende	ent and County	Superintendent as are
We also agree to	refrain from solid	citing or caus	sing oth	approved driver to operate ers to solicit students from	other transp	ortation areas.		,	
this bus route.		,			·			· ·	nd county reimbursement for
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.									
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
				ool bus and state reimb hin the transportation s					edge and belief, and the mmittee.
Signature - Chair, Bo		~ <i>y</i> ·					,	Date	
	County	ranenerte	ion C	ommittee Approvel as	roquirod:	n accordo	co with Saction (00_10_132_ N #C	`^
This Application fo area assigned to it	r Registration	of School I	3us an						within the transportation
Signature - Chair, Co	ounty Transporta	tion Commit	tee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Stevensville Public Schls 0732 0733 Ravalli Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 72 44 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Harlows School Bus Service 3611 U410 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0732 0733 55.00 % 45.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20,	Chapter 10, Part 1, MCA	. School dis	strict official mu	st complete o	ne form for ea	ach bus route that	
receives state reimbursement e	ven though transp	ŭ			S.		Rate Per Mile	
Due Dates All Routes			ounty Supt		OPI ctober 15		\$0.95	
County Namo		County Number	Diatrict	Nama		ı	Logal Entity Number	
County Name		County Number	District				Legal Entity Number	
Ravalli Route #	Length of Route	(miles per day)		nsville Public Service 🗆 B	Schls us Route Mile	eage	0732 0733 Rated Capacity	
		(IIIIIoo poi day)	,	□ N	lon Bus Milea	5 -		
Tu.Th.Pre-school Vehicle I.D. #	45 License #		1 .	Bus Route Mileage 48 □ District Owned Contractor Owned				
9919	V407						nool Bus Service	
				cted rate per m				
Reimbursement Distribution- Er		must m	e of state/co atch budget		ment to be pa	id to each dis	trict. Note: Percentages	
Legal Entity 0732	Legal Entit	У	Legal E	ntity		Legal Entit	У	
% 100.00	%		%			%		
PASSENGER INFORMATION		ELEMENTARY RIDE	-DC	LIIOL	SCHOOL RIE	DEDC.	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	:RS		Grades 9-12)		ELIGIBLE RIDERS	
	a			b		C .		
Regular (include eligible Preschool/h	NUMBER		NUMBER			a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderd	aarten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for the bus operates on the route as application for the second seco								
Signature - Chair, Board of Trustees		3,7		5		Date		
County 1	Fransportation Co	ommittee Approval as	required in	accordance wi	ith Section 2	0-10-132. MC	Α.	
This Application for Registration area assigned to it by the Countries	of School Bus an	d State Reimbursement						
Signature - Chair, County Transport	ation Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex						one form for ea	ach bus route that	
Due Dates All Routes	s:	·	To C	County Sup ober 1			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Ravalli 41					nsville Public Schls		0732 0733	
Route #	Length of F	Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
2	44.6	4		1	toute Mileage		71	
Vehicle I.D. # 2124	K310				: Owned Ct - If so, Name of Owner Ct cted rate per mile	Contractor (Harlows Scl		
Reimbursement Distribution- En	iter the legal	entity		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0732	Lega	l Entity 07		Legal E		Legal Entit	у	
% 55.00	%	45.	00	%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
a NUMBE					b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)					NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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This Application for Registration area assigned to it by the Count	of School B y Transporta	us and ation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	ation Committe	ee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Dates: All Routes To County Supt October 1 To OPI October 15 \$1.57 County Name County Number District Name Legal Entity Number Ravalli 41 Stevensville Public Schls 0732 0733 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage Non Bus Mileage	This form is required in accordance receives state reimbursement even					one form for e	ach bus route that
Ravalli	Due Dates:		To C	ounty Supt	то ОРІ		
Route # Length of Route (miles per day) Type of Servic Bus Route Mileage Pus Route Pus Rou	County Name		County Number	District	Name		Legal Entity Number
Non Bus Mileage 72	Ravalli		41	Steve	nsville Public Schls		0732 0733
Vehicle I.D. # License # Jostrict Owned Contractor Owned Contract of So, Name of Owner Harlows School Bus Service Contract of So, Name of Owner Harlows School Bus S	Route #	ength of Route	e (miles per day)	Type of		U	Rated Capacity
A514 3TV4 Confract 15 o, Name of Owner Harlows School Bus Service	10 4	4.2		Bus R		age	72
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0732 Legal Entity 0732 Legal Entity 0732 Legal Entity 0733 % 45.00 % 45.00 % 55.00 Response in Formation Where the following and the state of the following and the followi	Vehicle I.D. #	License #					
Legal Entity 0732 Legal Entity 0733 % 55.00 % 45.00 % % SELEMENTARY RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) ELEMENTARY RIDERS (Grades 9-12) ELIGIBLE RIDERS riding this route A D C NUMBER NUMBER A + D Regular (include eligible Preschool/Kindergarten pupils riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Inlies OR nonresident and no attendance agreement. Inlies OR nonresident and no attendance agreement. Inlies OR nonresident and no attendance agreement. Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement. Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent are required, to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We understand that violations of the laws, rules or required the film o	4514	3TV4				Harlows Scl	hool Bus Service
Legal Entity 0732 % 55.00 % 45.00 % 45.00 % W PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) Regular (include	Reimbursement Distribution- Enter	the legal entit				aid to each dis	strict. Note: Percentages
% 55.00 % 45.00 % % PASSENGER INFORMATION Number of Preschool/Kindergarten pupils riding this route Regular (include eligible Preschool/Kindergarten riders)	9		ity			Legal Entit	ty
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten riders) Regular (include eligible Preschool/Kindergarten riders) Additional Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation are defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and county Superindendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the sohol boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval	0732		0733				
Number of Preschool/Kindergarten pupils riding this route Canding this route	% 55.00	% 45	5.00	%		%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route a b c C NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) (Nopublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) (Nopublic School Riders (ineligible)) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-101, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendents copy of this document. We understand route ch	PASSENGER INFORMATION		ELEMENTA DV DIDE			DEDO	TOTAL
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible) TOTAL Eligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Vpt Board of V		pupils		:KS			
Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle and the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Divide avehicle and the State Superintendent and the Vide of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle as required by 20-10-103, MCA. We agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and				-		-	
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Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in							
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation	This Application for Registration of	School Bus ar	nd State Reimbursement				
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date			Committee.			Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required	in accordance v	with Title 2	20. Chapter 10. Par	t 1. MCA.	School dis	strict official i	must complete o	one form for ea	ach bus route that
receives state reimbu									Rate Per Mile
	Due Dates: All Routes			To Co Octob	ounty Supt per 1		To OPI October 15		\$1.57
County Name			County Numb	er	District	Name			Legal Entity Number
Ravalli			41		Steve	nsville Pul	olic Schls		0732 0733
Route #	Len	ngth of Ro	oute (miles per day)			Service	Bus Route Mil	•	Rated Capacity
5	44.	.2			Bus R	oute Milea	≀ Non Bus Milea aae	age	72
Vehicle I.D. #	I	License	: #		□ District	Owned		istrict Own	ed
7269		494				ct - If so, Naı cted rate per	me of Owner mile		
Reimbursement Distr	ibution- Enter th	ne legal e	ntity number and pe				sement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		Legal E	Entity	must ma	tch budget Legal E			Legal Entit	у
0732			0733						
% 55.00		%	45.00		%			%	
PASSENGER INFOR	RMATION	,,							
Number of Preschool riding this route	/Kindergarten p	oupils	ELEMENTA (Grade:		RS	HIG	Grades 9-12		TOTAL ELIGIBLE RIDERS
	a						b		C
Regular (include eligible	NUM	NUMBER NUMBER			NOMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs ((WC)								
Non-WC IEP Lists Trans	s as Related Servi	ice							
TOTAL ELIGIBLE RI	IDERS								
Ineligible Public School I		- 3							
agreement) (Include ineligible Prescl		riders)							
Nonpublic School Riders									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
This Application for R			n Committee Appre						A. within the transportation
area assigned to it by Signature - Chair, Count	the County Tra	ansportati	on Committee.					Date	
Signature Orian, Count	., manaponation (Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.80 Legal Entity Number County Name County Number District Name Stevensville Public Schls 0732 0733 Ravalli Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 88 11 34 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 6967 459 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0732 0733 % % % 55.00 % 45.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State

Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area accigned to it by the obtain, maneportation committee.	
Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accord receives state reimbursement			· · · · · · · · · · · · · · · · · · ·	,		•	one form for ea	ach bus route that
Due Dat All Route				To Cou	unty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Ravalli 41					nsville Public Schls		0732 0733	
Route #	Len	gth of Rou	ite (miles per day)		Type of	F Service □ Bus Route Mi □ Non Bus Mile	J	Rated Capacity
7	41.				Bus R	78		
Vehicle I.D. # 0277		License 388	#	_		ct - If so, Name of Owner	District Own	ed
Reimbursement Distribution- E	ntor th		tity number and nore			cted rate per mile	aid to each die	trict Note: Percentages
	inter tir		m		ch budget	1		
Legal Entity 0732		Legal E	ntity 0733		Legal E	ntity	Legal Entit	у
% 55.00		%	45.00		%		%	
PASSENGER INFORMATION			EL EMENTA DI	(DIDED	0	111011 0011001 BI	DED0	TOTAL
Number of Preschool/Kinderga	arten pi	upils	ELEMENTARY (Grades F		S	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBE	=R		b NUMBER		c a+b
Regular (include eligible Preschoo riders)	/Kinder	garten	NOMBE			HOMBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relate	d Servic	се						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e miles OR nonresident and no atter agreement)	dance							
(Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible		riders)						
TOTAL RIDERS								
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I certify that this application for bus operates on the route as a								
Signature - Chair, Board of Trustee						<u></u>	Date	
County This Application for Registratic area assigned to it by the Cou	n of So	chool Bus	and State Reimburse			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transpo	_	_					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						form for ea	ach bus route that
	-	•				1	Rate Per Mile
Due Dates All Routes	:		ounty Supt ber 1		OPI ctober 15	:	\$1.57
County Name		County Number	District	Name			Legal Entity Number
Ravalli		41	Hamil	ton K-12 Sch	nools		0735
Route #	Length of Ro	ute (miles per day)	Type of		us Route Milea		Rated Capacity
6	42		Bus R	ادا oute Mileageا	on Bus Mileage		72
Vehicle I.D. #	License	#	□ District	Owned	Cor	ntractor C	
4975	L157			ct - If so, Name cted rate per mi	of Owner MS le	S Transpo	ortation —
Reimbursement Distribution- Ent	ter the legal er		of state/co		ment to be paid	to each dis	trict. Note: Percentages
Legal Entity	Legal E		Legal E			Legal Entity	У
0735							
% 100.00	%		%			%	
PASSENGER INFORMATION							
Number of Preschool/Kindergart	en pupils	ELEMENTARY RIDE (Grades PK-8)	RS		SCHOOL RIDE Grades 9-12)	RS	TOTAL ELIGIBLE RIDERS
riding this route		,		,	,		
		a			b		c .
Regular (include eligible Preschool/K	indergarten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda							
agreement) (Include ineligible Preschool/Kinderga							
Nonpublic School Riders (ineligible)	arten nuers)						
TOTAL RIDERS							
We hereby certify that this bus will	Longrate entirely	on the route established by the	Board of Tru	etoes and within t	ho transportation	area accione	ad and approved by the
County Transportation Committee. V We agree to supervision of this bu required; to provide a vehicle which n Superintendent; and to provide a lice We also agree to refrain from solic	Ve further certify is and bus route neets the minimumed, qualified a	that this bus transports pupils e by the State Superintendent; to um standards as established by and approved driver to operate s	ligible for sch make such r the Board of uch vehicle a	nool transportation eports to the State Public Education, s required by 20-	as defined by 20- e Superintendent a the Montana High	-10-101, MCA and County S	A. Superintendent as are
We understand that violations of the this bus route.					ause for withholdir	ng of state ar	nd county reimbursement for
We agree that if this route crosses the school boards of both districts sha					reement between	Boards, 20-1	10-126(2) MCA, signed by
We understand route changes occaccordance with 20-10-132, MCA.					pproval of the Co	unty Transpo	rtation Committee in
I certify that this application for re							
bus operates on the route as app Signature - Chair, Board of Trustees	proved by allo	within the transportation se	i vice di ed a	ssigned by the		ate	mintlee.
County T This Application for Registration area assigned to it by the County	of School Bus						
Signature - Chair, County Transporta					D	ate	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev	ven though t	ransportees of anotl	ner legal entity	may utilize the	e services.		Rate Per Mile	
Due Dates All Routes			To Count October 1		To OPI October 15		\$1.57	
County Name		County Num	nber [District Name			Legal Entity Number	
Ravalli		41	1	Hamilton K-	-12 Schools	0735		
Route #	Length of F	Route (miles per day		Type of Servic	e 🗆 Bus Route Mile		Rated Capacity	
1	35			Bus Route I	□ Non Bus Milea Mileage		71	
Vehicle I.D. #	Licens	se #	'	District Owner		ontractor C	wned	
6130	L152			Contract - If se	o, Name of Owner Note te per mile	/I S Transpo	ortation —	
Reimbursement Distribution- En	ter the legal	entity number and p	percentage of s must match		imbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity 0735	Legal	Entity		Legal Entity		Legal Entity		
% 100.00	%			%		%		
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		NU	a MBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		·		<u> </u>	Ţ	Date		
County T This Application for Registration area assigned to it by the Count	of School B	us and State Reimb			dance with Section 2 d and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with T	Γitle 20, C h transpo	Chapter 10, Part 1, MCA ortees of another legal e	. School di	strict official must complete tilize the services.	one form for e	ach bus route that	
Due Dates All Routes				ounty Supt ber 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Ravalli			41	Hamil	ton K-12 Schools		0735	
Route #	Length o	of Route	(miles per day)	Type of	Service Bus Route Mi		Rated Capacity	
5	36			Bus R	□ Non Bus Mile Route Mileage	age	78	
Vehicle I.D. #	Lice	ense #		□ District	t Owned (Contractor (
6141		56		□ Contra	ct - If so, Name of Owner I cted rate per mile	·		
Reimbursement Distribution- En	ter the leg	gal entity		e of state/co atch budget		aid to each dis	strict. Note: Percentages	
Legal Entity 0735	Le	gal Entity		Legal Entity			ty	
% 100.00		%		%		%		
PASSENGER INFORMATION		,,,				,~		
Number of Preschool/Kindergart riding this route	ten pupils	:	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a		b NUMBER		C	
Regular (include eligible Preschool/Kindergarten			NUMBER	NOWBER			a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten riders	s)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration area assigned to it by the County	of School y Transpo	I Bus and ortation C	d State Reimbursement		accordance with Section as eviewed and I certify that this	s bus operates		
Signature - Chair, County Transporta	ation Comm	nittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea		
Due Dates: All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Ravalli			41		ton K-12 Schools		0735	
Route #	Length of	Route	(miles per day)	Type o	f Service Bus Route M Non Bus Mile	-	Rated Capacity	
9 Vehicle I.D. #	24	nse #		1 .	Route Mileage	J	84	
4175	L15				t Owned act - If so, Name of Owner acted rate per mile	Contractor (M S Transp		
Reimbursement Distribution- En	nter the lega	al entity		e of state/co	ounty reimbursement to be p	paid to each dis	trict. Note: Percentages	
Legal Entity 0735	Leg	al Entity		Legal E		у		
% 100.00	Q	%		%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k riders)	Kindergarten		NOWBER		NOWBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees						Date		
County 1 This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ough transp	ortees of another legal entity may utilize the services					Rate Per Mile	
Due Date All Routes				County Sup ober 1		To OPI October 15		\$1.57
County Name			County Number	Distric	Name			Legal Entity Number
Ravalli			41	Hami	Iton K-12 Sch	oole		0735
Route #	Lengt	th of Route	(miles per day)		f Service □ Bu		age	Rated Capacity
2	43			D.v.s. F		on Bus Mileag		71
Vehicle I.D. #		License #		1 '	Route Mileage t Owned		 ontractor O	
6129		L153		□ Contra		of Owner M	1 S Transportation	
Reimbursement Distribution- Er	nter the	legal entity				nent to be pai	d to each dist	rict. Note: Percentages
Legal Entity 0735		Legal Entit		natch budge Legal E			Legal Entity	
% 100.00		%		%			%	
PASSENGER INFORMATION		70		70			70	-
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		ERS	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
	Regular (include eligible Preschool/Kindergarten riders)		-			-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service		•						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten rid	ders)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees							Date	
County	Franco	ortation C	ommittee Approval as	required in	accordance wit	th Section 20	1-10-132 MC	^
This Application for Registration area assigned to it by the Coun	of Sch ty Trans	nool Bus an sportation (d State Reimbursement			rtify that this I	ous operates	
Signature - Chair, County Transport	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes	s:		To C	ounty Supr			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Ravalli			41	Hamil	ton K-12 Schools		0735	
Route #	Length	of Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity	
3	29			Bus R	oute Mileage	agc	71	
Vehicle I.D. # 8274		154			Owned (ct - If so, Name of Owner I cted rate per mile	Contractor (M S Transp		
Reimbursement Distribution- En	ter the le	egal entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0735	o ,			atch budget Legal E		Legal Entit	Legal Entity	
% 100.00		%		%				
PASSENGER INFORMATION						%		
Number of Preschool/Kindergart riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K riders)	Cindergarte	en	NOMBLIC		NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils elligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	d State Reimbursement		accordance with Section a eviewed and I certify that this			
Signature - Chair, County Transporta			ominico.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for e	ach bus route that
		ugn transpi	•				Rate Per Mile
Due Dates All Routes			To Co Octo	ounty Supt per 1	t To OPI October 15		\$1.57
County Name			County Number	District	Name		Legal Entity Number
Ravalli			41	Hamil	ton K-12 Schools		0735
Route #	Lengtl	h of Route	(miles per day)	Type of	f Service Bus Route M		Rated Capacity
4	34			Bus R	□ Non Bus Mile Route Mileage	eage	72
Vehicle I.D. #	L	icense #		□ District	Owned	Contractor (
7874	F	- 191			ct - If so, Name of Owner cted rate per mile	M S Transp	ortation —
Reimbursement Distribution- En	iter the	legal entity		of state/co		aid to each di	strict. Note: Percentages
Legal Entity		Legal Entity		Legal E		Legal Enti	ty
0735							
% 100.00		%		%		%	
PASSENGER INFORMATION						10.500	T0.T.
Number of Preschool/Kindergar	ten pup	ils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route							
			а		b		C
Regular (include eligible Preschool/	Kinderga	rten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderg		lora)					
Nonpublic School Riders (ineligible)	janten nu	(615)					
TOTAL RIDERS							
We hereby certify that this bug wi	II oporate	ontiroly on	the route established by the	Poord of Tru	unto an and within the transports	tion area assign	ad and approved by the
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We furthe us and b meets th	er certify that us route by t e minimum s	t this bus transports pupils e the State Superintendent; to standards as established by	ligible for sch make such r the Board of	nool transportation as defined by eports to the State Superintend Public Education, the Montana	y 20-10-101, MC lent and County Highway Patrol	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	iciting or	causing other	ers to solicit students from of	her transport	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosse			•		, 1,	een Boards, 20-	-10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes of						e County Transp	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for r							
bus operates on the route as ap Signature - Chair, Board of Trustees		by allu Will	iiii iile iiansportation ser	vice alea a	issigned by the County Traf	Date Date	mmilee.
County 1 This Application for Registration area assigned to it by the Count	of Sch	ool Bus and	d State Reimbursement I		accordance with Section eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of								one form for e	ach bus route that	
Due Date All Routes	s:	3	·	То С	ounty Sup ber 1		To OPI October 15		Rate Per Mile \$1.80	
County Name				County Number	Distric	t Name			Legal Entity Number	
Ravalli	Pavalli			41 Hamilton K-			-12 Schools		0735	
Route #	Len	gth of R	oute	(miles per day)		of Service	☐ Bus Route Mil	eage	Rated Capacity	
8	71				Due I	Douto Mil	☐ Non Bus Milea	age	84	
Vehicle I.D. #	/	Licens	e #			Route Mil	•	Contractor (
0888		L158			□ Contr		Name of Owner N			
Reimbursement Distribution- E	nter th	e legal e	entity		of state/c		oursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity		Legal	Entity		Legal			Legal Enti	Intity	
0735										
% 100.00		%			%			%		
PASSENGER INFORMATION						_			_	
Number of Preschool/Kinderga riding this route	rten pı	upils I		ELEMENTARY RIDE (Grades PK-8)	RS		IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)										
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	d Servic	ce								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)		3								
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		riders)								
TOTAL RIDERS	,									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this application for bus operates on the route as a										
Signature - Chair, Board of Trustees		,	,	,		<u> </u>	, , , , , , , , , , , , , , , , , , ,	Date		
This Application for Registration	n of So	chool Bu	is and							
area assigned to it by the Coun Signature - Chair, County Transport	_	<u> </u>		ommittee.				Date		
•										



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with ven thou	Title 20, C gh transpo	Chapter 10, Part 1, MCA ortees of another legal e	. School di	strict official must complete ilize the services.	one form for e	ach bus route that		
Due Dates All Routes				ounty Supt ber 1	t To OPI October 15		Rate Per Mile \$1.80		
County Name			County Number	District	Name		Legal Entity Number		
Ravalli			41	Hamil	ton K-12 Schools		0735		
Route #	Length	of Route	(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity		
7	66			Bus R	Coute Mileage	ay c	84		
Vehicle I.D. #	Lic	cense #		□ District		Contractor (
9562		426		 □ Contract - If so, Name of Owner M S Transportation □ Contracted rate per mile 					
Reimbursement Distribution- En	ter the le	egal entity		of state/coatch budget		aid to each dis	strict. Note: Percentages		
Legal Entity 0735	Le	egal Entity		Legal Entity			ty		
% 100.00		%		%					
PASSENGER INFORMATION									
Number of Preschool/Kindergart riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten			NONBLIC	INOIVIDEN			a i b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attende									
agreement) (Include ineligible Preschool/Kinderg	arten ridei	ers)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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This Application for Registration area assigned to it by the County	of School y Transp	ol Bus and ortation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Com	mittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev		,			•				
Due Dates : All Routes				ounty Sup ber 1	To OPI October 15		Rate Per Mile \$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Ravalli			41		ton K-12 Schools		0735		
Route #	Length of	Route	(miles per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile	•	Rated Capacity		
Preschool	68			Bus F	toute Mileage	22			
Vehicle I.D. #		nse#		 □ District Owned □ Contract - If so, Name of Owner M S Transportation 					
6480	L16			□ Contra	cted rate per mile	·			
Reimbursement Distribution- Ent	er the lega	al entity		e of state/co atch budge		aid to each dis	strict. Note: Percentages		
Legal Entity 0735	Lega	al Entity	/	Legal E	ntity	Legal Entit	у		
% 100.00	9	%		%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			а		b		С		
Regular (include eligible Preschool/Ki	indergarten		NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)	ince								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arterrituers)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees	noveu by a	and Will	шт ше папъропацоп se	ा गांटि वासित है	issigned by the County Ifan	Date Date	minutee.		
This Application for Registration area assigned to it by the County	of School I / Transpor	Bus and tation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this	s bus operates			
Signature - Chair, County Transportation	tion Commit	tee		_		Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.						
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.36
County Name		County Number	District	Name		Legal Entity Number
Ravalli		41		K-12 Schools		0738
Route #	Length of Rout	e (miles per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile	-	Rated Capacity
2	30.6		1	toute Mileage		66
Vehicle I.D. #	License #			: Owned (ct - If so, Name of Owner I cted rate per mile	Contractor C _ & B Busin	
Reimbursement Distribution- En			e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Ent		natch budget Legal E		Legal Entit	v
0738	ŭ	•		,	ŭ	
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a		b		C
Regular (include eligible Preschool/K	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance					
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.						
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.						
Signature - Chair, Board of Trustees					Date	
County T This Application for Registration area assigned to it by the Count	of School Bus a	nd State Reimbursement		accordance with Section aviewed and I certify that this		
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with receives state reimbursement even thou				ne form for each bus route that		
Due Dates:		To County Supt		Rate Per Mile		
All Routes		October 1	October 15	\$1.57		
County Name	County Number	District I	Name	Legal Entity Number		
Ravalli	41		K-12 Schools	0738		
Route # Length	n of Route (miles per day)	Type of	Service Bus Route Mile Non Bus Milead			
1 41		Bus R	oute Mileage	72		
Vehicle I.D. #	icense #	□ District		ontractor Owned		
1766 L	.184		ct - If so, Name of Owner L cted rate per mile	& B Busing, Inc		
Reimbursement Distribution- Enter the le		entage of state/counust match budget!		id to each district. Note: Percentages		
Legal Entity L	Legal Entity Legal Entity			Legal Entity		
% 100.00	%	%		%		
PASSENGER INFORMATION	ELEMENTARY	/ RIDERS	HIGH SCHOOL RID	ERS TOTAL		
Number of Preschool/Kindergarten pupil riding this route		_	(Grades 9-12)	ELIGIBLE RIDERS		
	a NUMBE	=D	b NUMBER	c a + b		
Regular (include eligible Preschool/Kindergart riders)			NOMBER	4 . 5		
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance						
agreement) (Include ineligible Preschool/Kindergarten ride Nonpublic School Riders (ineligible)	ers)					
, , ,						
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.						
I certify that this application for registration bus operates on the route as approved to						
Signature - Chair, Board of Trustees	,			Date		
County Transport This Application for Registration of Schoarea assigned to it by the County Transp	ool Bus and State Reimburse		accordance with Section 20 viewed and I certify that this I			
a. sa assigned to it by the county Halls	portation Committee					



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even							
Due Dates: All Routes	:			ounty Sup	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Ravalli			41	Victor	K-12 Schools		0738
Route #	Length of	Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity
	40			Bus R	oute Mileage	ugo	66
Vehicle I.D. #	Licer	nse#		□ District		Contractor C	
1466	L18			□ Contra	ct - If so, Name of Owner 【 cted rate per mile		
Reimbursement Distribution- Ent	er the lega	l entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0738	Legal Entity Legal Entity			Legal E		Legal Entit	у
% 100.00	9/	, 0		%		%	
PASSENGER INFORMATION		_					
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а		р		C
Regular (include eligible Preschool/Ki	indergarten		NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince						
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	noved by a	aria Will	imi die dansportation se	I VICE AIEA A	Saighted by the County Hall	Date	minutee.
This Application for Registration of area assigned to it by the County	of School E Transport	Bus and ation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transportat	tion Committ	tee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part	1, MCA. S	School dis	strict official	l must complete o	one form for e	ach bus route that
		anoportodo di anothor	_					Rate Per Mile
Due Date All Routes			Octobe	nty Supt r 1		To OPI October 15		\$1.36
County Name		County Numbe	r	District	Name			Legal Entity Number
Ravalli		41		Victor K-12 Schools				0738
Route #	Length of F	Route (miles per day)			Service	□ Bus Route Mil		Rated Capacity
3	21.2			Bus R	oute Mile	□ Non Bus Milea	age	66
Vehicle I.D. #	Licen	se #	District	Owned	C	Contractor (
4071	L211				ct - If so, Na cted rate pe	ame of Owner Ler mile	. & B Busin	g, Inc
Reimbursement Distribution- Er	nter the legal		centage of must matc			ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	Entity	nust mate	Legal E			Legal Entit	ty
0738								
% 100.00	%			%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	ELEMENTAR (Grades		3	HI	GH SCHOOL RI Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		,	,			•		
		a				b		C .
Regular (include eligible Preschool/	Kindergarten	NUMB	SER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderd								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operate entir	I ely on the route establishe	ed by the Bo	oard of Tru	I istees and wi	ithin the transportat	ion area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b	We further cert	ify that this bus transports	pupils eligi	ble for sch	ool transport	tation as defined by	20-10-101, MC	Α.
required; to provide a vehicle which Superintendent; and to provide a lice	meets the min	mum standards as establi	ished by the	Board of	Public Educa	ation, the Montana I		
We also agree to refrain from sol We understand that violations of	iciting or causi	ng others to solicit student	ts from othe	r transport	ation areas.		olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosse				•			· ·	•
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	nall be attache	d to the county superintend	dent's copy	of this doo	cument.	_		
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees		ы минн ше папѕропа	ALIOH SEIVI	oe area a	ooiyii c u by	the County Han	Date Date	millee.
County This Application for Registration area assigned to it by the County	of School B							
Signature - Chair, County Transport							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant	nce with Title 2	20. Chapter 10. Part 1. MCA	. School di	strict official must complete	one form for ea	ach bus route that
receives state reimbursement ev						Rate Per Mile
Due Dates All Routes			ounty Sup	To OPI October 15		
All Routes		Ocio	ibel i	October 15	•	\$1.80
County Name		County Number	District	Name		Legal Entity Number
Ravalli				K-12 Schools		0740
Route #	Length of Ro	oute (miles per day)	Type of	Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity
1	113.2		Bus R	Bus Route Mileage		84
Vehicle I.D. #	License	e #	□ District	Owned Ct - If so, Name of Owner	District Own	ed
7705	3652			cted rate per mile		
Reimbursement Distribution- En	iter the legal e		e of state/co atch budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal E		Legal E		Legal Entity	/
0740						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergard	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
	-	a		b		С
Regular (include eligible Preschool/k	Cindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)	undorganton					
` ,						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., in miles OR nonresident and no attendation)						
agreement) (Include ineligible Preschool/Kinderg	arten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in						
accordance with 20-10-132, MCA.						
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my bus operates on the route as approved by and within the transportation service area assigned by the County Transportati						
Signature - Chair, Board of Trustees					Date	
This Application for Registration	of School Bus					
area assigned to it by the Count Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Darby K-12 Schools 0740 Ravalli Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 131.4 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 8557 615 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0740 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Dates All Routes				County Sup	To OPI October 15		Rate Per Mile \$1.80
County Name			County Number	Distric	Name		Legal Entity Number
Ravalli			41	Darby	y K-12 Schools		0740
Route #	Length of	Route	(miles per day)	Туре с	f Service Bus Route Mi Non Bus Mile		Rated Capacity
4	39.6			Bus F	Route Mileage	age	84
Vehicle I.D. #	Lice	nse#		□ Distric	t Owned [District Own	ed
9014	463	}			act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution- En	iter the lega	al entity		e of state/conatch budge		aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entity		Legal E		Legal Entit	ty
0740							
% 100.00	9	6		%		%	
PASSENGER INFORMATION						5550	
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	=RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/h	Kindergarten		NOWBER		NOWIDER		a + 5
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration area assigned to it by the Count	of School	Bus and tation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this	s bus operates	
Signature - Chair, County Transporta	ation Commit	tee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Dates All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.80
County Name			County Number	District	Name		Legal Entity Number
Ravalli			41	Darby	K-12 Schools		0740
Route #	Length of	f Route	(miles per day)	Type of	f Service ☐ Bus Route Mi		Rated Capacity
6	33.6			Bus R	□ Non Bus Mile. Route Mileage	age	84
Vehicle I.D. #	License #			□ District		District Own	ed
2892	556	3			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	iter the lega	al entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Leg	al Entity		Legal E		Legal Entit	у
0740							
% 100.00		%		%		%	
PASSENGER INFORMATION	_						
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/h	Kindergarten		NOMBER		NOMBER		a · b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)					
TOTAL RIDERS							
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County 1 This Application for Registration					accordance with Section 2		
area assigned to it by the Count	ty Transpor	rtation C		2001110	and a county trial trial		and the second s
Signature - Chair, County Transport	auon Commi	iiice				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement even Due Dates All Routes	ven though		ortees of another legal e		lize the services. To O	·		ach bus route that Rate Per Mile \$1.80
County Name			County Number	District Name				Legal Entity Number
Ravalli			41	Darby	Darby K-12 Schools			0740
Route #	Length of	Route	(miles per day)		Type of Service ☐ Bus Route Mi			Rated Capacity
Kinder	34			□ Non Bus Mile Bus Route Mileage			ge	84
Vehicle I.D. #	Licer	ise#		□ District		Di	istrict Own	ed
8557	615				ct - If so, Name of cted rate per mile	Owner		
Reimbursement Distribution- En	ter the lega	l entity				ent to be pai	id to each dis	strict. Note: Percentages
Legal Entity Legal En		al Entity		atch budget Legal E			Legal Entit	У
% 100.00	9/	, D		%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	HIGH SC	CHOOL RID	ERS	TOTAL
Number of Preschool/Kindergart riding this route	ten pupils		(Grades PK-8)			ades 9-12)	ZENO	ELIGIBLE RIDERS
			a NUMBER		N	b IUMBER		c a+b
Regular (include eligible Preschool/K riders)	(indergarten					-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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Signature - Chair, Board of Trustees					Date			
County T This Application for Registration area assigned to it by the County	of School E	Bus and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for e	
Due Date : All Routes			To Co Octob	unty Supt er 1	t To OPI October 15		Rate Per Mile \$1.80
County Name		County Number	er	District	Name		Legal Entity Number
Ravalli		41		Darby	K-12 Schools		0740
Route #	Length of F	Route (miles per day)			Service Bus Route M		Rated Capacity
3	54.4			Bus R	□ Non Bus Mile Route Mileage	eage	84
Vehicle I.D. #	Licen	se#		□ District		District Own	ied
1680	511				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	nter the legal	entity number and pe		of state/co ch budget		oaid to each dis	strict. Note: Percentages
Legal Entity	Lega	I Entity	maot mat	Legal E		Legal Entit	ty
0740							
% 100.00	%			%		%	
PASSENGER INFORMATION					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	un Eno	T0711
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTAF (Grades		(S	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMI			b NUMBER		c a+b
Regular (include eligible Preschool/l	Kindergarten	NOIM	DLIN		NOMBER		a · b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	3					Date	
This Application for Registration area assigned to it by the Coun	of School B ty Transporta	us and State Reimbur ation Committee.			accordance with Section eviewed and I certify that the	is bus operates	
Signature - Chair, County Transport	ation Committe	ee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							plete one form	for eac	h bus route that
Due Date		lough trum		•	nty Supt			Ra	ate Per Mile
All Routes				Octobe		October	15	\$1	1.57
County Name			County Number		District	Name		L	egal Entity Number
Ravalli			41		Darby	K-12 Schools		0740	
Route #	Len	gth of Rou	te (miles per day)		Type of Service □ Bus Route Mi		-	R	Rated Capacity
2	51				□ Non Bus Mile Bus Route Mileage		s Mileage	7	7 2
Vehicle I.D. #		License #	#		District	Owned	District (Owne	d
0965		3750				ct - If so, Name of Ow cted rate per mile	ner		_
Reimbursement Distribution- En	nter th	e legal ent			f state/co th budget		o be paid to eac	h distri	ct. Note: Percentages
Legal Entity				ust mate	Legal E		Legal	Entity	
0740									
% 100.00		%			%		%		
PASSENGER INFORMATION									_
Number of Preschool/Kindergal riding this route	rten pu	upils	ELEMENTARY (Grades Pk		5		OOL RIDERS s 9-12)		TOTAL ELIGIBLE RIDERS
			а)		C
Regular (include eligible Preschool/	Kinderg	garten	NUMBER	Ν		NOIV	IBER		a + b
riders) 1st Wheelchair (WC)								-	
2nd Wheelchair (WC)								-	
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Servic	се							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)		3							
(Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)		riders)							
TOTAL RIDERS								1	
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
This Application for Registration	n of Sc	hool Bus							
area assigned to it by the Coun Signature - Chair, County Transport	_		i Committee.				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This farms is required in accord		H- 20 (Chantar 40 Dart 4 MCA	Cabaal di	atuiat afficial manat as manlata		ah hara warita that
This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Date	e.		To C	ounty Sup	To OPI	ſ	Rate Per Mile
All Routes				ber 1	October 15	5	\$1.57
County Name			County Number	District	Name		Legal Entity Number
,							
Ravalli Route #	L ength of	f Pouto	(miles per day)		Rock Elementary [·] Service □ Bus Route Mi	loago	0741 Rated Capacity
		(Illies per day)	Туре о	□ Non Bus Mile	•		
1	47.8				oute Mileage		72
Vehicle I.D. #	LICE	ense #		☐ District☐ Contra	Owned L ct - If so, Name of Owner	District Own	ed
0979	47	1			cted rate per mile	 	
Reimbursement Distribution- Er	nter the leg	al entity				aid to each dis	trict. Note: Percentages
Legal Entity	Leg	gal Entity		atch budget Legal E		Legal Entity	y
0741							
0/ 100 00		0/		0/		0/	
% 100.00 PASSENGER INFORMATION		%		%		%	
	. "		ELEMENTARY RIDE	RS	HIGH SCHOOL RI		TOTAL
Number of Preschool/Kindergar	rten pupils		(Grades PK-8)		(Grades 9-12)	ELIGIBLE RIDERS
					b		
			a NUMBER		NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten	1					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible))					
TOTAL RIDERS							
We hereby certify that this bus w County Transportation Committee.							
We agree to supervision of this be required; to provide a vehicle which	ous and bus r	route by t	the State Superintendent; to	make such r	eports to the State Superintend	ent and County S	Superintendent as are
Superintendent; and to provide a lic We also agree to refrain from sol	ensed, qualif	fied and a	approved driver to operate s	such vehicle a	s required by 20-10-103, MCA.	ingilway i alioi a	and the state
We understand that violations of						olding of state an	nd county reimbursement for
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by							
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in							rtation Committee in
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							dge and belief, and the
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.						•	
Signature - Chair, Board of Trustees						Date	
					accordance with Section		
This Application for Registration area assigned to it by the Coun				has been re	eviewed and I certify that this	s bus operates	within the transportation
Signature - Chair, County Transport						Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.80 County Name County Number District Name Legal Entity Number Lone Rock Elementary 0741 Ravalli Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 33.4 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 4902 472 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0741 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Lone Rock Elementary 0741 Ravalli Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 88 40 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 4391 624 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0741 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even		,			•		
Due Dates : All Routes	:			ounty Sup	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Ravalli			41		nce-Carlton K-12 Schls		0743
Route #	Length of Route (miles per day)		(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	J	Rated Capacity
11	24	24		Bus R	oute Mileage		71
Vehicle I.D. #	Lice	nse #		□ District	Owned Ct - If so, Name of Owner L	Contractor C	
1845	T89	9			cted rate per mile	- & D Dusiii	g, inc
Reimbursement Distribution- Ent	er the lega	al entity		e of state/co		aid to each dis	strict. Note: Percentages
Legal Entity 0743	Leg	al Entity		Legal E		Legal Entit	у
% 100.00	d	%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а		b		С
Regular (include eligible Preschool/Ki	indergarten		NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince						
Nonpublic School Riders (ineligible)	arteri nacio)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	oroved by	ariu Will	mi die dansportation se	i vice aled a	saighted by the County Hall	Date	minutee.
This Application for Registration area assigned to it by the County	of School / Transpor	Bus and tation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this	bus operates	
Signature - Chair, County Transportat	tion Commi	ttee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance	with Title 20, 0	Chapter 10, Part 1, MCA	. School dis	strict official must complete	one form for ea	ach bus route that
receives state reimbursement even	though transp	ortees of another legal e	ntity may ut	ilize the services.		Rate Per Mile
Due Dates: All Routes			ounty Supt	To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Ravalli		41		ce-Carlton K-12 Schl		0743
	· ·	(miles per day)	Type of	Service Bus Route M Non Bus Mile	3 -	Rated Capacity
2 Vehicle I.D. #				oute Mileage		66
	License #			 □ District Owned □ Contractor Owned □ Contract - If so, Name of Owner L & B Busing, Inc 		
0065	L200		□ Contra	cted rate per mile		
Reimbursement Distribution- Enter t	the legal entity		of state/co		oaid to each dis	trict. Note: Percentages
Legal Entity	Legal Entity		Legal E		Legal Entit	у
0743						
% 100.00	%		%		%	
PASSENGER INFORMATION					10.500	
Number of Preschool/Kindergarten	pupils	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	7					
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kinde riders)	ergarten	NOWBER		NONBER		a · b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Serv	vice					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance						
agreement) (Include ineligible Preschool/Kindergarte						
Nonpublic School Riders (ineligible)	,					
TOTAL RIDERS						
We hereby certify that this bus will oper County Transportation Committee. We fit						
We agree to supervision of this bus ar required; to provide a vehicle which meet	nd bus routé by t	the State Superintendent; to	make such r	eports to the State Superintenc	ent and County S	Superintendent as are
Superintendent; and to provide a licensed We also agree to refrain from soliciting	d, qualified and a	approved driver to operate s	uch vehicle a	s required by 20-10-103, MCA.		
We understand that violations of the lather this bus route.	aws, rules or reg	ulations governing school tr	ansportation v	will be sufficient cause for with	nolding of state ar	nd county reimbursement for
We agree that if this route crosses dis the school boards of both districts shall b					veen Boards, 20-	10-126(2) MCA, signed by
We understand route changes occurri accordance with 20-10-132, MCA.					e County Transpo	ortation Committee in
I certify that this application for regis bus operates on the route as approv						
Signature - Chair, Board of Trustees	w w j wild will	are autroportation de		girou ay aro county frui	Date	
					00.40.400.555	
This Application for Registration of S area assigned to it by the County Tr	School Bus an	d State Reimbursement		accordance with Section viewed and I certify that the		
Signature - Chair, County Transportation					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes				County Sup ober 1	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Ravalli			41		nce-Carlton K-12 Schl		0743
Route #	Length o	ength of Route (miles per day)		Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile	•	Rated Capacity
12	24			1	toute Mileage		66
Vehicle I.D. # 1485	L1c	ense # 86			: Owned (ct - If so, Name of Owner I cted rate per mile	Contractor C _ & B Busin	
Reimbursement Distribution- Er	nter the leg	al entity		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0743 Legal Entity				natch budge Legal E		Legal Entit	у
% 100.00		%		%		%	
PASSENGER INFORMATION		,,					
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k	 Kindergarter	n	NOWBER		NOMBER		a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance	s)					
TOTAL RIDERS							
TOTAL RIDERS							
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I certify that this application for rebus operates on the route as ap							
Signature - Chair, Board of Trustees	3					Date	
County 1 This Application for Registration area assigned to it by the County	of School	l Bus and	d State Reimbursement		accordance with Section accordance with Section accordance with Section 2		
Signature - Chair, County Transports						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever					te one form for e	each bus route that
	ii tilougii tians					Rate Per Mile
Due Dates: All Routes		Octo	ounty Supt ber 1	t To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Ravalli		41	Florer	nce-Carlton K-12 Sc	hls	0743
Route #	ength of Rout	e (miles per day)	Type of	Type of Service ☐ Bus Route M		Rated Capacity
7	31	□ Non Bus □ Bus Route Mileage			illeage	66
Vehicle I.D. #	License #	☐ District Owned ☐ District Owned			Contractor	
6529	L208			ct - If so, Name of Owner cted rate per mile	L & B Busir	ng, Inc
Reimbursement Distribution- Ente	r the legal enti		of state/co		e paid to each di	strict. Note: Percentages
Legal Entity	Legal Ent		Legal E		Legal Enti	ity
0743						
% 100.00	%		%		%	
PASSENGER INFORMATION						T0T11
Number of Preschool/Kindergarte	n pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
riding this route	i l	,		,	,	
		a		b	_	c .
Regular (include eligible Preschool/Kin	dergarten	NUMBER		NUMBE	K	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related S	ervice					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendant						
agreement) (Include ineligible Preschool/Kindergar						
Nonpublic School Riders (ineligible)	terr riders)					
TOTAL RIDERS						
We hereby certify that this bus will o	porate entirely o	on the route established by the	Poard of Tru	ustons and within the transpor	artation area assign	and and approved by the
County Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which me Superintendent; and to provide a licens We also agree to refrain from solicit	e further certify the and bus route be eets the minimun sed, qualified and	nat this bus transports pupils e y the State Superintendent; to n standards as established by d approved driver to operate si	ligible for sch make such r the Board of uch vehicle a	nool transportation as defined eports to the State Superinte Public Education, the Monta is required by 20-10-103, MC	d by 20-10-101, MC endent and County na Highway Patrol	CA. Superintendent as are
We understand that violations of the this bus route.					thholding of state a	and county reimbursement for
We agree that if this route crosses of the school boards of both districts shall					etween Boards, 20	-10-126(2) MCA, signed by
We understand route changes occu accordance with 20-10-132, MCA.					the County Transp	ortation Committee in
I certify that this application for reg						
bus operates on the route as appr Signature - Chair, Board of Trustees	oved by and w	num the transportation ser	vice area a	issigned by the County 1	Date Date	mmillee.
County Tra This Application for Registration o area assigned to it by the County	f School Bus a					
Signature - Chair, County Transportation		· -			Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever		,			•		
Due Dates: All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Ravalli			41		nce-Carlton K-12 Schl		0743
Route #	Length of Route (miles per day)		miles per day)	Type o	f Service □ Bus Route Mi □ Non Bus Mile	J	Rated Capacity
	34			Ι '	Route Mileage	-	66
Vehicle I.D. # 0069	Licens L201			 □ District Owned □ Contract - If so, Name of Owner L & B Busing, Inc □ Contracted rate per mile 			
Reimbursement Distribution- Ente	er the legal	entity r		e of state/co	ounty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0743	Legal	Entity		atch budge Legal E		Legal Entit	у
% 100.00	%			%		%	
PASSENGER INFORMATION	,,,						_
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kir riders)	ndergarten		NOMBER		NOMBER		a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kindergal	nce						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as app Signature - Chair, Board of Trustees							
Signature Shall, Doubt of Hustees						Date	
This Application for Registration of area assigned to it by the County	of School B Transporta	us and ition Co	State Reimbursement		accordance with Section as eviewed and I certify that this		
Signature - Chair, County Transportati	ion Committe	ee		_		Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.	nce with Title	20, Chapter 10, Part 1, Mansportees of another led	MCA. School dis	strict official must complete of	one form for ea	ach bus route that
Due Dates			Γο County Supt		1	Rate Per Mile
All Routes			October 1	October 15	:	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Ravalli		41	Florer	nce-Carlton K-12 Schls	,	0743
Route #	Length of F	toute (miles per day)		Service Bus Route Mi	leage	Rated Capacity
8	28		Bus R	□ Non Bus Milea Coute Mileage	age	71
Vehicle I.D. #	Licens	se#	□ District	ŭ	Contractor C	wned
1749	T87			ct - If so, Name of Owner L cted rate per mile	_ & B Busino	g, Inc
Reimbursement Distribution- En	ter the legal				aid to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	st match budget Legal E		Legal Entity	y
0743						
% 100.00	%		%		%	
PASSENGER INFORMATION	70					
Number of Preschool/Kindergar	ten pupils	ELEMENTARY R (Grades PK-		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(512255111		(5.555)	,	
		a		b		С
Regular (include eligible Preschool/k	Kindergarten	NUMBER	<u> </u>	NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	arten nacio)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il operate entir	ely on the route established b	ov the Board of Tru	Istees and within the transportat	tion area assigne	d and approved by the
County Transportation Committee. \ We agree to supervision of this be	Ne further cert	ify that this bus transports pur	pils eligible for sch	nool transportation as defined by	, 20-10-101, MC	A. ,
required; to provide a vehicle which is Superintendent; and to provide a lice	meets the mini	mum standards as establishe	ed by the Board of	Public Education, the Montana		
We also agree to refrain from soli We understand that violations of	citing or causing	ng others to solicit students fro	om other transport	tation areas.	olding of state ar	nd county raimbursement for
this bus route. We agree that if this route crosse			·		· ·	•
the school boards of both districts sh We understand route changes on	nall be attached	to the county superintendent	t's copy of this do	cument.		
accordance with 20-10-132, MCA. I certify that this application for r	egistration o	f school bus and state rein	mbursement is t	rue and complete to the bes	t of my knowle	dge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees		nd within the transportation	n service area a	ssigned by the County Tran	sportation Con	nmittee.
orginature - Orian, bodiu or Trustees					Date	
				accordance with Section 2		
This Application for Registration area assigned to it by the Count			nent has been re	eviewed and I certify that this	s bus operates	within the transportation
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e	ince with Title	20, Chapter 10, Part 1,	MCA. School	district official	I must complete one form	m for each bus route that
Due Date			To County Su		To OPI	Rate Per Mile
All Routes			October 1	ρι	October 15	\$1.57
County Name		County Number	Distri	ct Name		Legal Entity Number
Ravalli		41	Flor	ence-Carlto	on K-12 Schls	0743
Route #	Length of F	Route (miles per day)		of Service	□ Bus Route Mileage	Rated Capacity
3	28		Rus	Route Mile	□ Non Bus Mileage	72
Vehicle I.D. #	Licen	se #		ct Owned	<u> </u>	ictor Owned
2440	L207	,		ract - If so, Na racted rate pe	ame of Owner L&B er mile	Busing, Inc
Reimbursement Distribution- Er	nter the legal				ursement to be paid to e	ach district. Note: Percentages
Legal Entity	Lega	Entity	ust match budg Legal	Entity	Leg	al Entity
0743						
% 100.00	%		%		O	%
PASSENGER INFORMATION	70					
Number of Preschool/Kinderga	ten pupils	ELEMENTARY (Grades Ph		HI	GH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
riding this route		(3.000)	. (0)		(314400 0 12)	ELIOIBLE INBERG
		а			b	С
Regular (include eligible Preschool/l	Kindergarten	NUMBEI	R		NUMBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	l Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b	We further cert ous and bus rou	ify that this bus transports pute by the State Superintende	upils eligible for s ent; to make suc	chool transport reports to the	tation as defined by 20-10-1 State Superintendent and 0	I01, MCA. County Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol	ensed, qualifie	d and approved driver to ope ng others to solicit students f	erate such vehicle from other transp	e as required by ortation areas.	/ 20-10-103, MCA.	
this bus route.			·		· ·	f state and county reimbursement for
the school boards of both districts sl We understand route changes or	hall be attache	d to the county superintende	ent's copy of this	locument.	_	rds, 20-10-126(2) MCA, signed by Transportation Committee in
accordance with 20-10-132, MCA. I certify that this application for						
bus operates on the route as ap Signature - Chair, Board of Trustees		iu witnin the transportation	on service area	assigned by	the County Transportati	ion committee.
	of School B					32, MCA. perates within the transportation
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MC	A. School dis	strict official must complete	one form for ea	ach bus route that
Due Dates		-	County Sup			Rate Per Mile
All Routes			tober 1	October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Ravalli		41	Florer	nce-Carlton K-12 Schl	2	0743
Route #	Length of R	coute (miles per day)		f Service Bus Route M	ileage	Rated Capacity
5A	30		Rus R	□ Non Bus Mile Route Mileage	eage	71
Vehicle I.D. #	Licens	se #	□ District	•	Contractor (
1762	T88			act - If so, Name of Owner acted rate per mile	L & B Busin	g, Inc
Reimbursement Distribution- En	ter the legal				aid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	match budget Legal E		Legal Entit	у
0743						
% 100.00	%		%		%	
PASSENGER INFORMATION	70					
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(3.4433 3)		(0.00000.1	-,	
		a		b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	jaiteii lideis)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il operate entire	alv on the route established by t	he Board of Tru	ustees and within the transports	tion area assign	ed and approved by the
County Transportation Committee. \(Ve agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certi us and bus rou meets the mini	ify that this bus transports pupils te by the State Superintendent; mum standards as established b	eligible for sch to make such r by the Board of	nool transportation as defined by reports to the State Superintend Public Education, the Montana	y 20-10-101, MC lent and County S Highway Patrol a	A. Superintendent as are
We also agree to refrain from soli We understand that violations of	citing or causir	ng others to solicit students from	other transport	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse	s district lines a	and transports students from out	side the distric	t, a copy of the agreement betw	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shade we understand route changes of accordance with 20-10-132, MCA.					e County Transpo	ortation Committee in
I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees				is given by and boundy fruit	Date	
	•				00.40.400.755	
This Application for Registration area assigned to it by the Count	of School Bu					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Dates All Routes	ven though tra	nsportees of another leg		lize the services.		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Ravalli		41	Floren	ce-Carlton K-12	Schls	0743	
Route #		ute (miles per day)	Type of	Service ☐ Bus Ro ☐ Non Bu	oute Mileage us Mileage	Rated Capacity 71	
5B Vehicle I.D. #	30 License	License #		oute Mileage Owned	Contracto	1 ' '	
1762	T88		□ Contrac	ct - If so, Name of Ov cted rate per mile			
Reimbursement Distribution- Er	nter the legal e				to be paid to each	district. Note: Percentages	
Legal Entity 0743	Legal E		st match budget! Legal Er		Legal E	ntity	
% 100.00	%		%		%		
PASSENGER INFORMATION					_		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY F (Grades PK			OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER	₹		b MBER	c a + b	
Regular (include eligible Preschool/liriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderon Nonpublic School Riders (ineligible)	ance garten riders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for the bus operates on the route as application for the second seco							
Signature - Chair, Board of Trustees		,		,	Date		
County This Application for Registration area assigned to it by the County	of School Bus		•				
Signature - Chair, County Transport	<u> </u>	-			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					e one form for e	each bus route that
	-					Rate Per Mile
Due Dates All Routes		Octo	ounty Supt per 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Ravalli		41	Florer	nce-Carlton K-12 Sch	nls	0743
Route #	Length of Rou	ite (miles per day)	Type of	Type of Service ☐ Bus Route Mi		Rated Capacity
13	25		Bus R	□ Non Bus M Route Mileage	lleage	71
Vehicle I.D. #	License	#				Owned
1753	Т90			ct - If so, Name of Owner cted rate per mile	L & B Busir	ng, Inc
Reimbursement Distribution- Er	nter the legal en		of state/co		paid to each di	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Enti	ity
0743						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		а		b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBE	≺	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,	under 3					
miles OR nonresident and no attend agreement)	ance					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)					
TOTAL RIDERS						
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which	We further certify us and bus route	that this bus transports pupils e by the State Superintendent; to	ligible for sch make such r	nool transportation as defined reports to the State Superinte	by 20-10-101, Mondent and County	CA. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causing	others to solicit students from of	her transport	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosse					tween Boards, 20	-10-126(2) MCA, signed by
the school boards of both districts shad understand route changes of accordance with 20-10-132, MCA.					the County Transp	ortation Committee in
I certify that this application for the bus operates on the route as application for the second seco						
Signature - Chair, Board of Trustees		are adhoportunon ser		accignod by the county II	Date	
This Application for Registration area assigned to it by the Country	of School Bus					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.	nce with ven thou	Title 20, 0	Chapter 10, Part 1, MCA ortees of another legal e	. School di entity may u	strict official must complete tilize the services.	one form for e	ach bus route that
Due Dates All Routes				ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Ravalli			41	Florer	nce-Carlton K-12 Schl		
Route #	Length	n of Route (miles per day)		Type of	f Service □ Bus Route Mi □ Non Bus Mile	U	Rated Capacity
Preschool	55			Bus F	Coute Mileage	age	41
Vehicle I.D. #	Li	icense #		□ Distric		Contractor (
9442		.195		□ Contra	ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- En	iter the le	egal entity		e of state/co		aid to each dis	strict. Note: Percentages
Legal Entity 0743	L	egal Entity		Legal E		Legal Entit	ty
% 100.00		%		%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	DC	HIGH SCHOOL R	IDEDS	TOTAL
Number of Preschool/Kindergart riding this route	ten pupil	ls	(Grades PK-8)	-110	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	Kindergart	ten	NOWBER		NOWIDER		a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda							
agreement) (Include ineligible Preschool/Kinderg	arten ride	ers)					
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
_							
This Application for Registration area assigned to it by the Count	of Scho y Transp	ool Bus and portation C	d State Reimbursement		accordance with Section a eviewed and I certify that this		
Signature - Chair, County Transporta	ation Com	nmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even							
Due Dates : All Routes	:			County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Ravalli			41	Florer	nce-Carlton K-12 Schls	3	0743
Route #	Length of	ength of Route (miles per day)		Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile	J	Rated Capacity
10 SE	64			Bus F	Route Mileage	-	66
Vehicle I.D. #	Licer	ise#		□ District	t Owned (lct - If so, Name of Owner I	Contractor C	
0065	L20	0			icted rate per mile	_ & D DUSIII	g, inc
Reimbursement Distribution- Ent	er the lega	l entity		e of state/co		aid to each dis	strict. Note: Percentages
Legal Entity 0743	Lega	al Entity	у	Legal E	ntity	Legal Entit	у
% 100.00	9/	, 0		%		%	
PASSENGER INFORMATION	_						
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a		b		C
Regular (include eligible Preschool/Ki	indergarten		NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince						
Nonpublic School Riders (ineligible)	arteri nuers)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	noveu by a	ırıu Will	пп ине папѕропацоп se	avice area a	issigned by the County Tran	Date Date	minitee.
_							
This Application for Registration area assigned to it by the County	of School E Transport	Bus and ation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this	s bus operates	
Signature - Chair, County Transportat	tion Committ	tee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever			, ,		•		
Due Dates: All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$1.57
County Name		Co	ounty Number	District	Name		Legal Entity Number
Ravalli			41 Florence-Carlton K-12 Sc				0743
Route #	Route # Length of Ro		oute (miles per day)		Type of Service ☐ Bus Route Mi ☐ Non Bus Mile:		Rated Capacity
	20			Bus Route Mileage		_	71
Vehicle I.D. # License #				□ District Owned□ Contract - If so, Name of Owner			Owned
4697	L198	□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Ente	er the legal	entity nun		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity Legal E 0743		Entity				Legal Entity	
% 100.00	%			%		%	
PASSENGER INFORMATION							_
Number of Preschool/Kindergarte riding this route	en pupils	E	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а		Ь		C
	Regular (include eligible Preschool/Kindergarten		NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date						nmittee.	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.							
Signature - Chair, County Transportation Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance	with Title 20,	Chapter 10, Part 1, MCA	. School dis	strict official must complete	one form for ea	ach bus route that	
receives state reimbursement even	though transp	ortees of another legal e	ntity may ut	ilize the services.		Rate Per Mile	
Due Dates: All Routes	To County Supt To OPI October 1 October 2				\$1.36		
		-					
County Name	County Number District Name		Name		Legal Entity Number		
Ravalli				ce-Carlton K-12 Schl		0743	
Route # Length of Route		(miles per day) Type o		ype of Service □ Bus Route Mileag □ Non Bus Mileage		Rated Capacity	
9 2				oute Mileage		66	
	License #		□ District□ Contra	Owned ct - If so, Name of Owner	Contractor C		
0090		☐ Contracted rate per mile					
Reimbursement Distribution- Enter	the legal entity				aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entit	must match budget! Entity Legal Entity			Legal Entity		
0743							
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTA DV DIDE	-	LUQUI QQUIQQI B	IDEDO		
Number of Preschool/Kindergarten	pupils	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route	7						
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kinderiders)	ergarten	NOWBER		NOWIBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., undomiles OR nonresident and no attendance							
agreement) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will op							
County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State							
Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.							
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.							
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.							
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees					Date		
						-	
County Trar This Application for Registration of area assigned to it by the County T	School Bus an	d State Reimbursement		accordance with Section viewed and I certify that this			
Signature - Chair, County Transportation		-			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.							
	, ,				Rate Per Mile		
Due Dates: All Routes		To County Supt October 1			\$1.57		
County Name		County Number	District	Name		Legal Entity Number	
Ravalli		41	Florence-Carlton K-12		ls	0743	
Route #	Length of Rout	e (miles per day)			Service Bus Route Mileage		
6	12		Bus R	□ Non Bus Mil Route Mileage	leage	72	
Vehicle I.D. #	License #	£	□ District Owned Contra			tor Owned	
7250	7250 L181			□ Contract - If so, Name of Owner L & B Busing, Inc □ Contracted rate per mile			
Reimbursement Distribution- Enter	er the legal ent				paid to each di	strict. Note: Percentages	
Legal Entity	Legal En		must match budget! Legal Entity Legal Entity			al Entity	
0743							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergarte	en pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS	
riding this route	<u> </u>	, ,		,	,		
		a		b		C .	
Regular (include eligible Preschool/Kir	ndergarten	NUMBER		NUMBER	<u> </u>	a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar							
agreement) (Include ineligible Preschool/Kinderga							
Nonpublic School Riders (ineligible)	rten nacio)						
TOTAL RIDERS							
We hereby cartify that this bus will	operate entirely	on the route established by the	Poard of Tru	ustons and within the transport	tation area assign	and and approved by the	
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.							
We understand that violations of th					nholding of state a	and county reimbursement for	
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.							
We understand route changes occurace with 20-10-132, MCA.					ne County Transp	ortation Committee in	
I certify that this application for re							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date					mmittee.		
County Tr This Application for Registration of area assigned to it by the County	of School Bus a						
Signature - Chair, County Transportation				Date			